

TMI-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Y. SHIBUSAWA et al

Serial No. 10/004,825

Group Art Unit: 2124

Filed: December 7, 2001

Examiner: L. SHRADER

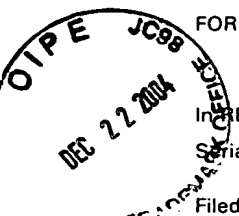
For: PRINTER AND CONTROL PROGRAM PRODUCT THEREFOR

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 23,
2004, please amend the above-identified application as
follows.



FORM PTO-1083

PATENT

Case Docket No. TMI-109

In RE application of Y. SHIBUSAWA et al

Serial No.: 10/004,825

Group Art Unit: 2124

Filed: December 7, 2001

Examiner: L. SHRADER

For: SOFTWARE INSTALLING METHOD AND SYSTEM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 8	Minus	** 20	=	0
Indep.	* 5	Minus	*** 5	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
*** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.☐ A check in the amount of \$ _____ is attached in payment of: _____.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: December 22, 2004

By:

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